

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Educators for Ohio		FEC IDENTIFICATION NUMBER ▼ C C00624056	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The New Media Firm			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2016		
Mailing Address 1730 Rhode Island Ave NW #213			Amount 50000.00		
City Washington	State DC	Zip Code 20036	Transaction ID : SE.4175		
Purpose of Expenditure Digital Ad Placement- Immigration		Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016		
Name of Federal Candidate CLINTON, HILLARY RODHAM, ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		53800.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee The New Media Firm			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2016		
Mailing Address 1730 Rhode Island Ave NW #213			Amount 50000.00		
City Washington	State DC	Zip Code 20036	Transaction ID : SE.4176		
Purpose of Expenditure Digital Ad Placement- Workers		Category/Type 006	Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2016		
Name of Federal Candidate TRUMP, DONALD, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought		103800.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Allen, Gary, ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 07 / 2016

Signature